THE VETERINARY RECORD

A Weekly Journal for the Profession.

No. 333. SATURDAY, NOVEMBER 24, 1894. Vol. VII.

A New Glanders Order.

On November 19th a new Order came into force which deserves careful attention. It is a more than usually flagrant example of the legislation which now emanates from the Board of Agriculture. Based upon no fixed principles, supported by no recognised authorities, its object seems to be a pretence of doing something whilst providing the usual excuse for failure. Whenever the Board of Agriculture fail to suppress a disease they point out that "success was impossible owing to the want of uniformity in the action of local authorities." As a rule this excuse is true enough, but why issue Orders which provide for the greatest possible differences in action?

The new Order pretends to give compensation to the owner of horses whilst permitting the local authorities to compulsorily slaughter all affected animals. It does this by a clause which is quite a new departure under the Contagious Diseases (Animals) Act. Instead of fixing the compensation at a definite proportion of the animal's value and limiting the maximum value, the new order permits local authorities to give £2 for each carcase or any sum up to one-fourth the value of the animal—which may be £100.

Of course local authorities will only pay the minimum sum as compensation, and thus we are for the first time face to face with an enactment which destroys property, without paying for it, for the good of other people. To destroy a £100 horse because one farcy bud is found on its leg or neck and call £2 compensation is distinctly unfair to the owner.

If farcy were like rabies, invariably fatal as well as dangerous, compulsory slaughter without compensation would be just and right. Some cases of farcy do recover, and as no one can say which are the curable cases there can be no fairness in enforcing slaughter without compensation.

But the order not only fails in justice and honesty to the horse-owner. It is destitute even of that business expediency which one might have expected its astute authors to appreciate. It offers no inducement to the owner to report his milder cases, but it positively warns him not to. If a definite compensation of one-fourth value had been fixed it is probable that every case would have been reported, and a very few years would have seen the disease stamped out. The price of the carcase will not induce men to report anything more than they have hitherto—all the cases they think incurable or not worth treating. The consequence will be that many years will pass before glanders is stamped out; that the same fearful annual loss will be incurrred, that human lives will be lost, and that whenever our Army wants horses in a hurry, or in numbers, that the Army will again be infected.

Foot and Mouth Disease.

Since the mysterious cases of this disease at Rainham two more outbreaks have been discovered—one at Linton in Cambridgeshire and one at Sittingbourne in Kent. These outbreaks are certainly not due to any diseased animals imported into this country. They most probably result from contagion carried by men or forage. Last year foreign straw was blamed, but it seems more likely that the present cases are traceable to infection carried by men. Owing to various causes fat cattle are lower in price in England than in many European states, and dealers from Belgium and Holland have lately been regular buyers and exporters from here. Their business keeps them in constant contact with stock, and as foot and mouth disease is prevalent in Holland and Belgium it is easy for them to carry it to the herds and flocks which they examine and handle here. We can only hope the disease will not spread. We feel certain it will not—unless the "travelling inspector" is relied on to diagnose and trace it.

Rabies.

That a disease so dangerous to man as rabies should be quietly allowed to increase and spread when measures for its extinction are well known is a fact disgraceful to all the authorities concerned. We wait until rabies gets well hold of the dogs in a district and until the public are frightened by two or three deaths from hydrophobia and then adopt the sternest repressive measures. In a year or so the disease disappears, and then all regulations are abolished. Gradually it again begins to increase, but no notice is taken and no attempt made to stop the infection at its source. On the maps attached to the Veterinary Report of the Board of Agriculture a glance shows the prevalence of the disease. The districts in which rabies is chiefly found are around Liverpool and Glasgow. Last year there were 33 cases in Lanarkshire and 13 in Lancashire. In Scotland only 15 other cases were seen, and all of them in counties surrounding Lanark. In England there were 45 cases, of which more than half occurred in Lancashire and the surrounding counties.

The only possible explanation of this state of things is that the two seaports are the places through which the disease comes, and that the country from which it originates is Ireland. For some years rabies amongst dogs has prevailed to a most alarming extent all over Ireland, and the number of "other animals" returned as affected suggests that a very large proportion of the diseased dogs are not reported.

It is absurd that the regulations for the suppression of disease amongst animals and for the protection of human life should be neglected because maudlin sentimentality and political agitation are at once aroused by their enforcement. The prevalence of rabies and its distribution call for the total prohibition of all traffic in dogs between Ireland and Great Britain for a period of at least six months—especially drovers' dogs.

CASES AND ARTICLES.

DISEASE OF THE HEART.

By Vet.-Major W. S. Adams, Remount Depôt, Hosûr.

Bay Australian gelding, received from Madras in poor condition in December, 1893. The horse improved, and was being quietly broken to saddle. He was reported to make a noise in breathing and to cough occasionally.

On July 23rd the horse was taken to the sick-lines for observation. The following symptoms were then noted: distress in breathing, a slight discharge from the nostrils, an occasional peculiar hollow cough, pulse full but irregular. He was entered on the sick report for heart disease and emphysema of the lungs. The symptoms rapidly became aggravated, the respirations when the horse was in a state of quiescence numbered 34 per minute, and at first there was the double action of broken wind, and the expirations were always accompanied by a grunt; but latterly, within a few days of death, the inspirations were comparatively long, and the expiration was performed by a single jerk. The pulse was remarkable; at first, as above noted, it was full but irregular, it was never found to be quite intermittent, a few full beats would be followed by an irregular number of feeble beats, it was almost impossible even to estimate the number of beats per minute and quite impossible accurately to count them. I at first recorded the pulse at 60, but subsequently the full beats became less and it was useless to attempt to keep any register of the pulse.

The heart sounds, as heard on auscultation, were indistinct and might be described as tumultuous, but a decided blowing or cooing sound could be heard, this sound gradually became louder, and on the day of death, when the pulse was almost imperceptible, this sound was loud and rapid.

The visible mucous membranes were throughout unhealthy, of a dull red or slightly leaden hue, but a few days before death they were distinctly blanched.

There is nothing to note regarding the temperature, which was taken occasionally, and was never found to exceed 101dgs.

The patient rapidly lost flesh, the condition was watched by weighing the horse once a week. He weighed 980lbs. on first admission, during the first week there was a gain of 22lbs., from this time for five weeks there was a continued falling off, there being a loss of 4lbs., 10lbs., 18lbs., 14lbs., 20lbs., and 12lbs. in the respective weeks, now for one week there was a gain of 16lbs., and on the last weighing, three days before death, there was an extraordinary loss of 54lbs., making a total loss of 106lbs. from the first admission. The debility was also progressive. With the exception of the distress caused by any movement the patient did not appear to suffer till towards the end, when certain symptoms of pain were shown over the region of the heart, the horse always looking round to the left side. The patient did not always lie down at night, but when he did it was only for a short time and invariably on the right side. He always wore an anxious expression and stood with the head depressed, but if the head were raised no giddiness was caused.

Twenty-four hours before death the horse laid down and showed symptoms of acute pain. The pulse was imperceptible, the patient was in a state of cold perspiration, and it appeared as if the end was at hand, but after a stimulant and a brisk dry whisping the horse rallied, and lived till midnight on October 1st, when he fell forward and died almost suddenly.

Post-mortem examination made at 7 a.m. on October 2nd, eight hours after death. The carcase was in an extreme state of emaciation, but the abdomen was distended with gas. In order to examine the heart *in situ*, I removed the left fore limb and the ribs on that side; it was at once remarkable that the heart was of large size, and that the pericardium was distended with a large quantity of fluid. The lungs were in an emphysematous condition and completely filled the thorax. After removing the abdominal viscera I carefully removed the lungs leaving the heart and its pericardial sac intact. The fluid in the sac was caught and found to measure *40 ounces*. The heart was hypertrophied and weighed 12lbs. after it was cleaned. On dissection, the whole of the endocardium both in the auricles and ventricles appeared inflamed, and the valves of the heart were flaccid and covered with fibrinous deposit. The semilunar valves were also diseased, in fact there was general disease of the whole structure of the heart.

The abdominal viscera were structurally healthy, but the function of digestion had evidently been suspended sometime prior to death. The stomach was loaded with ingesta which was in the same condition as when taken in. The intestines were nearly empty and greatly distended. The following is the weight of different organs: heart 12lbs., liver 16lbs., kidneys 2½ and 2lbs., spleen 3lbs.

It was remarkable in dividing the large blood vessels that the blood was black and clotted. There was a large fibrinous clot in the right ventricle, extending into the pulmonary artery. The horse was just 10 weeks under treatment.

Treatment. It is not necessary to go fully into the details of treatment. I gave the cardiac tonic and sedative digitalis, which at first seemed to have a beneficial effect, the bowels were kept free, and the horse was fed lightly, all the forage being given cut as chaff. The appetite remaining unimpaired, he partook in this manner of a full ration, but the case proved hopeless and beyond curative treatment.

The cause of the disease is obscure, the treatment ineffectual, but the record of the case, together with the post-mortem appearances will, I trust, prove interesting.

Tuberculosis.—The statement that a Royal Commission has been appointed to enquire into the transmission of tuberculosis from animals to man, is incorrect. The Commission was appointed years ago, and the only change in it is that Sir George Buchanan succeeds the late Lord Basing.

AN INTERESTING DOG CASE.

By Walter Perryman, M.R.C.V.S.

In your issue of September 25th, Mr. Wolstenholme records an unique case of a puppy having swallowed a large hat pin. I have had a similar case under treatment with ultimate recovery, so venture to send the following particulars as likely to prove interesting.

On October 25th I received a note requesting me to attend as early as possible at the stables belonging to Hotel Windsor, Victoria Street, Westminster. On arrival I found an Irish terrier, between five and six years of age, suffering from a wound on the left side immediately behind the last rib, and towards the floor of the abdomen; evidently an abscess had discharged itself leaving three very unhealthy wounds, the material coming from them being of a sero-sanguineous character, and the flesh a blueish grey colour. The dog belonged to F. L. Large, Esq., a visitor at the hotel, and I was told had been suddenly taken as if in great pain some ten days previously whilst out walking.

On manipulation great pain was evinced, so much so that I feared one or two ribs were broken. I had the dog laid on his side and endeavoured to explore the wounds, but as this evidently caused the animal great pain, decided to leave it and see how the case comported itself under treatment. I accordingly ordered hot fomentations and an antiseptic lotion, followed by linseed meal poultices. The dog was feeding moderately, but looked extremely haggard and depressed, moved stiffly with back arched, and laid with the chest and abdomen to the ground the legs as far apart as possible.

Oct. 26th. Dog moved very painfully. On examining the wound I saw the end of something which I took to be a small piece of detached bone. I had the animal put on his right side, which act the dog greatly resisted and cried as if in acute pain. The act of throwing him caused the substance to protrude further; with forceps I secured the end, and with gentle traction quickly discovered I had hold of a piece of wood—Mr. Wolstenholme's case flashed across my mind. To the consternation of those holding the dog I drew from his side 4½ inches of a wooden skewer, similar to those used by the cat's meat vendor. Apparently it laid obliquely across the stomach, pointing downwards, it was nearly square in section, the point was less than an ⅛inch in thickness gradually increasing to ⅜ inch at the other end. After removal, the wound (lowest of the three) bled slightly. The dog evidently felt more comfortable immediately afterwards, as evidenced by the changed expression and freer movement.

The poulticing and antiseptic treatment were continued, with internally a tonic and small doses of bismuth, milk and beef-tea, about a wine-glassful at a time, being the only food given. The second day after removal the bowels acted slightly, fœces hard and nodulated; a small dose of castor oil and glycerine was given. From then the animal made rapid strides towards recovery, the wounds assumed a healthy pink colour; no discharge. Dry dressing treatment adopted. The bowels under the influence of the laxative treatment began to act normally on the fifth day. On the sixth small portions of meat were given and daily increased in quantity.

Nov. 8th, (14 days) the case was discharged as cured, the dog during that time having greatly improved in condition, all tenderness and swelling of the parts gone, the process of healing being nearly complete.

SO-CALLED MALIGNANT CATARRH.

By Wm. Scott, M.R.C.V.S., Kilve, Bridgwater.

On a quiet Sunday evening in the latter end of September of this year I was called to see an English shorthorn cow, which on my arrival presented the following symptoms: temp. 103·1, pulse 60, respiration a little accelerated, grinding teeth, uneasy on hind legs, kicking abdomen, which was rather rotund, and upon the whole very restless. No pain was evinced over any of the abdominal visceræ. The rumen was only slightly tympanitic, bowels were rather relaxed, urine scanty and high coloured, appetite in abeyance and secretion of milk arrested. From the above symptoms I concluded that the animal was suffering from spasmodic colic, accordingly she received the usual purgative, added to which was ʒi. spt. ammon. aromat, ʒi turpentine. Ordered her to be fed carefully, and did not intend seeing her again.

Should things have gone on as was anticipated this article would never have been called into existence. With all the progress of science and the enlightenment of this the 19th century, we are still helpless pillars when called upon to tear the veil aside and predict the uncertain future. And so it was when called in two days later (Tuesday) that I found quite an unexpected state of affairs. The eyes dull and watery and at the inner canthus of each there was a tenacious muco-purulent discharge, similar discharge was likewise seen at each nostril. The pus being icterous in character excoriated the skin over which it flowed. This discharge from the eyes was preceded the day before by profuse lachymation. The entire surface of the muzzle, the lips of the vulva (on the dermal aspect) and all the teats, but not the mamma were stained a bright chocolate hue. At this stage there were three small ulcers about the size of a large pea and about one dozen little vesicles scattered over the surface of the muzzle. In passing I may say I took special care not to mistake the healthy dew drop for a vesicle. Next morning these vesicles had more or less given way to pustules. No vesicles nor pustules were noticed in any other parts.

On Wednesday 3rd, the skin covering the teats and vulva commenced to crack, and at the bottom of these fissures could be seen angry granulating tissue. Two days later each teat presented an appearance identical to a scraped beetroot, the skin having entirely disappeared. The skin on the muzzle was also rapidly peeling off.

The cow made a satisfactory recovery, but to wind up had an attack of mammitis (interstitial).

You will see I have not mentioned the drugs used, and I think you will bear me out when I say that it is the clinical and not so much the therapeutical aspect that attaches so much interest to this case. Suffice it therefore for me to say that during the course of the disease the patient received antizymotics, stimulants, and nutrients, and latterly tonics. Locally the affected parts were treated with boroglyceride.

Remarks. Seeing at the outset that the animal presented symptoms of abdominal pain by the probable ingestion of something of an irritant acrid nature, I am inclined to think that the whole cause of the mischief will be found in derangement of the digestive system. If that supposition be the correct one then I have committed myself in placing this article under the above heading. If any of your readers have had a similar experience I should like to know their ideas regarding its pathology.

FISTULA IN THE HORSE.

By J. Randolph Welsby. M.R.C.V.S.

Anal fistula is not commonly met with in the horse, and when encountered contributes a prospective amount of interest as to its eventual submission to treatment and ultimate results.

The subject of this article was a bay gelding belonging to Major A——, to which I was summoned about two months ago.

I was informed that the animal had been suffering from fugitive colic with occasional violent tenesmus. There was apparent freedom from pain at the time of my primary observations, and upon manual exploration of the posterior bowel I withdrew some hardened pellets of fæces and a small quantity of coagulated blood. Upon again introducing the hand I discovered on the floor of the bowel and immediately inside the sphincter a rupture of the rectal mucous lining. It was decidedly not perforated, the abraded surface having no communication anywhere except with the inside of the bowel.

The animal was treated in the first instance with the usual oleaginous anodyne draught, aperient medicine, and warm enemata, personally administered with a Read's pump and improvised small nozzle, the diet being restricted to thin oatmeal gruel.

In 36 hours the bowels commenced to respond freely to these measures, and during this time there was absolute absence of pain save some amount of tenderness and œdema of the anus, which was combatted by resort to Belladonna suppositories.

In the course of a week an abscess formed which was matured in the ordinary manner and subsequently burst two nights afterwards. The abscess cavity was well washed out with an antiseptic solution and plugged with tow immersed in equal parts of Ol. Tereb. and Ol. Olivæ. In three days time an opening appeared on the opposite side of the anus and the discharge for the first time assumed an offensive odour. Seven or eight days after this a third opening became apparent about the lower third of the perineum, and upon probing I found that all three communicated. This was a foregone conclusion when the third was manifested. The discharge continued of an offensive character although irrigated frequently with permanganate solution and dusted with Iodoform powder. Eventually nitrate of silver was injected on three occasions once daily, and subsequently chloride of zinc solution twice daily, when it began to assume a viscid appearance and slowly diminished both in quantity and offensiveness. It has since, I believe, recommenced discharging but to what extent I cannot say.

In conclusion, I may say there was no disease of the tuber ischii, and should I meet with a similar case I shall not hesitate to resort to the knife. By dividing the sphincter ani, thus preventing the contraction of that muscle, and laying open the burrowing sinus I think much valuable time would be saved.

VETERINARY SOCIETIES.

ROYAL VETERINARY COLLEGE MEDICAL ASSOCIATION.

The 199th General Meeting of the above Association, was held in the New Theatre of the College, on Wednesday, November 14th, at 6.30 o'clock p.m. Mr. Anthony in the chair.

Mr. Thompson read an interesting paper on "Shoeing in Health and Disease." After alluding to the importance of the subject to the veterinary surgeons the essayist dealt briefly with the anatomy and physiology of the horse's foot, with the preparation of the foot for the fitting of the shoe, and with the preparation of the shoe. The methods of shoeing and the various forms of shoes used in disease and also in bad conformation of the feet were described and specimens of the shoes exhibited.

A discussion ensued in which the following gentlemen took part. Messrs. Anthony, Boyer, Dowell, Gazi, Wood, Hayes, Taylor, Farrant, Jarvis, and Houston.

Votes of thanks to the essayist and Chairman closed the meeting.

Walter Burt, *Assist. Sec.*

EXTRACTS AND NOTES.

A DISCUSSION ON PYREXIA AND ITS TREATMENT.

Taken from the report in *The British Medical Journal.*

I.—W. Hale White, M.D., F.R.C.P.,

Physician to and Lecturer on Pharmacology and Therapeutics at Guy's Hospital.

An animal is said to be suffering from pyrexia when its temperature exceeds the highest point of its healthy range. The healthy range of adult warm-blooded animals is small, in man between 98 and 99; that of cold-blooded animals is large. One of the most remarkable facts in natural history is the evolution of warm-blooded animals from cold-blooded, and I have elsewhere tried to

show that this is probably due to the fact that the latter are primarily aquatic and the former primarily terrestrial.

Mechanism by which the Temperature of the Body is Maintained Constant.

1. *Seat of Production of Heat.*—The chief seat of heat producing katabolic processes is the muscles, and Lukjanow, Mosso, and MacAlister have shown that probably the thermogenetic function is distinct from the motor function of muscle. In some animals an enormous quantity of heat must be produced in the muscles: for instance, the temperature of the Arctic fox may be 107 when that of the air is 31, and dogs can sleep on ice to which they freeze.

2. *Control of the Production of Heat.*—Rohrig and Zuntz and Reichert have shown that curare in large doses stops thermogenesis, because, by its action on nerve endings in muscles, it prevents impulses from arriving at them. Among 27 experiments I made, in all of which the corpus striatum was damaged, in 7 the temperature rose to 106 or over; in all the remainder there was a considerable rise, often over 105. Reichert has confirmed these results, and the greatness of the rise, and the few calorimetrical observations which have been made point to the fact that the production of heat is increased. Wood, Reichert, and myself have produced pyrexia by lesions of the crura, and it is well known that damage to the pons and upper part of the cord has the same effect. It thus appears that the thermogenetic function of muscle is under the control of the corpus striatum, from which impulses are constantly proceeding by means of the crura, pons, cord, and nerves; whether these impulses are restraining or exciting is not known. The activity of this neuro-muscular thermogenetic apparatus must depend to some extent on the quantity and composition of the blood in it, and thermogenesis can no doubt be reflexly affected by peripheral stimuli.

3. *Seat and Control of the Loss of Heat.*—Most of the loss of heat takes place from the skin by radiation and evaporation. The cutaneous vessels and the sweat glands are controlled by the central nervous system. Some loss takes place from the lungs, the vessels of which Bradford has shown are controlled by nerves. The quality and quantity of the blood and peripheral stimuli will affect thermolysis as they do thermogenesis.

4. *The Regulating Mechanism.*—Some experiments I did show that the specific heat of living tissues is very high. This of course renders the maintenance of an even temperature easier that it would otherwise be. Experimental damage to the cortex is often followed by considerable pyrexia. Some suppose that this is because there are in the cortex thermotaxic centres, the function of which is so to adjust the loss and production of heat that the temperature is always constant. Others do not think it necessary to assume the existence of thermotaxic centres, but believe that the cortex contains either thermogenetic or thermolytic centres in addition to those elsewhere.

Clinical Pyrexia,

We have seen that experimental damage to the cortex, corpus striatum, crus, pons, and cord produces pyrexia. Let us see if this is true clinically.

(1) *Cortex.*

(*a*) *Traumatic Damage.*—Dr. J. H. Bryant has shown that out of 100 cases of hyperpyrexia, in 8 it was due to injury of the cerebral cortex. Usually there was also meningeal hæmorrhage, but in one there was only laceration of the cortex. The temperatures were 109: 108.4: 107.8: 107.4: 107: 107: 107, and 106.6. Phelps also gives cases of pyrexia due to damage of the cortex, and the following temperatures due to meningeal hæmorrhage, with consequently a clot pressing on the cortex, are recorded: 108.4: 107: 104.8: 103.6: 103: 102: 102: (Jacobson); 109: 107.2: 107.2: 106.2: 105.2: 105: 105: 105: 104.6: 102.6: (Battle); 108.7 105.8: 105: 104.4: (Hulke); 109: (Weisman); 109: (Mansell Moullin). The following temperatures were due to simple laceration of the cortex: 109: (McLaren); 108.4: 105: 104.6: (Battle); 104.2 (Hale White).

(*b*) *Meningitis.*—The temperature may be exceptionally high, low, or irregular, as in a case in which in a few hours it varied between 96 and 106; in two others 106.8 and 108 were attained in spite of antipyretics. No cause for the pyrexia, save the meningitis, could be discovered, and, as we have other evidence that damage to the cortex may lead to pyrexia, it seems probable that sometimes the pyrexia in meningitis may in part be due to interference with the functions of the cortex.

(2) *Corpus Striatum.*

(*a*) *Hæmorrhage.*—So many cases have been referred to by Bourneville, Ferrier, J. H. Bryant, myself, and others, that it is now known that, unless a large loss of blood keeps the temperature down, hæmorrhage into the corpus straitum causes pyrexia—it may be to 108.

(*b*) *Other Damage to the Corpus Striatum.*—A case of softening in which the temperature was 106 has been recorded. Dr. J. H. Bryant mentions one of a cerebral cyst pressing on the corpus striatum in which 107.6 was reached.

(3) *Crura Cerebri.*

Beevor has recorded a case in which 107.4 was reached. A tumour pressed on the right crus.

(4) *Pons and Spinal Cord.*

It is well known that disease of these structures wil cause considerable pyrexia.

We learnt, from experimental evidence, that the cerebral cortex, the corpora striata, the crura, the pons and the spinal cord, were the parts of the central nervous system, damage of which would cause pyrexia, and I think we may claim to have shown that the same is also true in clinical medicine.

Reflex Pyrexia.

It is so well known that processes under the control of a "centre" may be profoundly affected by a strong peripheral stimulus, acting on that centre, that it is worth while to see whether a profound peripheral stimulus ever leads to pyrexia.

Horsley stated that out of 168 cases of simple fracture of bones there was a rise of temperature, sometimes to 101, in 92 per cent., and Volkmann found a rise in 78.5 per cent., and Angerer in 70 per cent. Here, as there was no external wound, the most likely explanation is that damage to peripheral nerves reflexly leads to pyrexia. J. H. Bryant records six cases of severe burn or scald with temperature of 109.8: 108: 107.2: 106.4: 108: 106.2. Five died, and three were examined post-mortem, and in none was there any other explanation of the pyrexia save the burn.

Lastly, even when pus is present, the peripheral irritation of the abscess is perhaps to some extent responsible for the pyrexia, because, as a general rule, the more tense the abscess the higher the temperature. For instance, in acute suppurative tonsillitis the pus is very confined, the pain is great, the tonsil is very tense, and the temperature is often very high, yet the illness is not commonly otherwise severe, and the symptoms quickly subside when the abscess bursts. There is, therefore, evidence that sometimes pyrexia in man is due to a peripheral stimulus acting reflexly upon thermogenesis or thermolysis through those parts of the cerebral nervous system that preside over these functions.

Pyrexia produced through the Circulation.

Many substances when absorbed into the blood produce pyrexia by their circulation through the thermic apparatus. Among the vegetable alkaloids we may instance atropine, strychnine, cocaine, and caffeine. The last two are said to increase thermogenesis, as also is pilocarpin, which, however, causes a fall of temperature because of the excessive diaphoresis. Several animal poisons can produce pyrexia—for example, poisoning by mussels, ham (temperature 104), cheese (temperature 104) bad meat (temperature 104), brawn (temperature 103.4), pork pie, etc. Experimental pyrexia has been caused by the injection of tuberculin, tuberculous sputum, pepsin, albumose, etc.

We know that weariness is the result of poisoning by the products of metabolism, and excessive metabolism may produce pyrexia. I have seen the temperature raised three degrees after an excessively arduous climb. Vaughan and Novy and Knott have described this fatigue fever.

But by far the most important variety of pyrexia is that caused by the circulation in the blood of the toxins of the micro-organisms of the specific fever. S. Martin showed that the anthrax bacillus forms a pyrogenous albumose, and an alkaloid which causes coma and œdema. Both he and Petermann obtained with this albumose rises of about 4 F.

Treatment of Hyperpyrexia.

By this term is usually meant such an elevation of temperature that it of itself is probably of danger to the patient. The point of danger varies a little in different persons and different diseases, but for the majority a temperature over 106 is hyperpyrexial. Whether we are correct in implying that in hyperpyrexia the temperature of itself is dangerous, or whether it ought to be regarded as merely an indication of danger due to some hidden cause, is an open question. The heat mechanism is so elaborate, and the maintenance of an even temperature demands the expenditure of so much energy that, *a priori*, we should suppose that hyperpyrexia must be a source of great peril, especially as heat kills protoplasm and coagulates albumen. Be this as it may, the physician knows that hyperpyrexia usually means that the end is not far off. J. H. Bryant found that 84 per cent. of all cases of hyperpyrexia died.

In many instances all treatment is hopeless from the first, and in many others the hyperpyrexia is only registered immediately before death, but in all other cases cold must be applied promptly and resolutely. Occasionally in children, in whom the temperature fluctuates easily, cold sponging may suffice. For instance, a child, age 5, was under my care for pneumonia; the temperature was often between 104 and 105, and on one occasion 106.4. Under treatment by cold sponging and ice poultices the patient recovered. But in nearly all cases a cold bath must be employed. For an adult, whose temperature is over 106, that of the bath should be between 70 and 75; for children it may be a little higher. The patient should be lifted into it in a sheet. The water should be stirred, and when the rectal temp. is 100 or 101 he should be taken out and put back to bed with a sheet over him. The usual duration of the immersion is ten minutes.

Treatment of Pyrexia.

We now come to the very important question of the treatment of pyrexia when we cannot remove some obvious cause, as a clot on the brain, and we do not think that it is sufficiently high to, of itself, threaten the death of the patient.

We must remember that it has never been shown that ordinary pyrexia is of itself harmful, and that in treating it we are only treating a symptom, just as we were when antimony and aconite were given to reduce the pulse in fever. Now we believe this treatment to be unwise; and as in any fever we are much in the dark concerning the cause and mode of production of pyrexia, and we do not know for certain whether our treatment diminishes the production or increases the loss of heat, we must admit that the treatment of this single symptom of fever has no *a priori* evidence to show that it too is not unwise. It has been, indeed, thought by some—as, for example, Cantani—that pyrexia is beneficial. He suggests that a moderate degree of it may diminish the virulence of the cause of the fever, aid phagocytosis, and have a kind of sterilising action on the body. He would not, therefore, treat it unless there is reason to think that it is diminishing the activity of the heart or nervous system. Professor Roy, too, brought before us strong reasons for regarding fever as a defensive mechanism, and Sanarelli holds the same view with regard to the pyrexia of typhoid. But even if pyrexia is not beneficial, that is no reason why we should treat it, for it may do neither harm nor good, and the remedy may be worse than the disease.

That this is so, will be seen from the following considerations. To begin with, the treatment of single symptoms, although sometimes necessary, should never be resorted to unless the patient will undoubtedly be thereby benefitted. It is bad for the state of mind of the doctor, and, therefore, bad in the long run for patients generally. Then mere reduction of pyrexia may give a false sense of security. We have seen that some at least of the specific micro-organisms manufacture two substances, one pyrogenous and the other causing fatal symptoms. By treating the pyrexia this last is still left active, although the patient appears better. We must also remember that by abolishing an important aid to diagnosis, antipyretics do great harm in the early stages of obscure febrile cases. Then, again, lowering the temperature may impair the immunity which a single attack of a specific fever often confers, for we know that the conference of immunity, as by vaccination to protect from small pox, often entails pyrexia. Another objection to acetanilid, phenazone, and phenacetin, is that large doses are powerful poisons. For all these reasons it appears that the practice of giving antipyretics for ordinary cases of pyrexia is pernicious and unscientific.

As we have not been able to show that pyrexia is necessarily harmful, and, indeed, the treatment of it may do harm, let us examine the diseases for which antipyretics are commonly used.

In ague, quinine does not cure because it is an antipyretic, but because it is a direct poison to the plasmodium on which ague depends.

In rheumatic fever the salicylates probably act not as antipyretics, but as direct specifics; for they are not powerful antipyretics, but, nevertheless, they remove the pain and sweating which powerful antipyretics fail to touch.

In pneumonia observations upon the effect of treatment by cold baths have been published by Liebermeister, Gignoux, Fismer, and others, and Goodhart, Lees, and Fenwick have given an account of treatment by the ice poultice. We have not, however, sufficient knowledge to state whether cold reduces the mortality, for cases vary so in intensity, and the general treatment and early recognition of pneumonia have become more skilful.

James Barr, M.D., Glasgow,

Physician, Northern Hospital, Liverpool.

The part played by the nervous system in the regulative mechanism of the body heat, whereby a fairly uniform temperature was maintained in health might be at

once conceded, and the disturbance of this mechanism might readily lead to increase or depression of temperature. In disease it was necessary to go a step further back and find out the cause of the disturbance in this regulative mechanism. No doubt oxidation was the chief source of body heat, but there was not always evidence of inward combustion to account for increment of temperature; the pyrogenic agent which had given rise to the disturbance in the production and dissipation of heat must be discovered. The temperature of a body represented the energy with which its heat tended to transfer itself to other bodies. Now the amount of this energy was in the majority of cases a fair gauge of the severity of the pyrexial process, but this was not an invariable rule, because the fever poison was capable of splitting up some of the higher organic compounds, and unless the resultant products were oxdised there was no consequent production of heat, so in low states of vital activity the disease might be working havoc without giving rise to any pyrexia. It is chiefly on this account Dr. Barr continued, that all the new antipyretic drugs stand condemned in the treatment of the continued fevers. Such drugs no doubt diminish the production of heat and increase its dissipation, but they have no effect whatever on the fever poison except to permit it to work its ravages under conditions of lowered vitality. Their use in the continued fevers is about as rational as it would be to quiet a patient suffering from delirium tremens by knocking him down with a blow on the head.

In the treatment of pyrexia we primarily wish to lessen the fuel to be burned by diminishing katabolism Therefore our effort should be directed to the cause of the pyrexia rather than to a mere reduction of temperature. No one would think of treating an empyema or an ordinary abscess by antipyretics; and as far as possible in all diseases we should try to eliminate the *materies morbi*, or counteract its effects.

In fevers much of the tissue degradation is due to the fever poison irrespective of the pyrexia, but still high temperature is of itself capable of working mischief irrespective of its cause. In the reduction of temperature the physical agents of which we chiefly make use are air and water. Unfortunately both these agents are exceedingly bad conductors, and the former is almost an absolute non-conductor.

Our great physical agent in reducing temperature is water. This has been used at very varying temperatures and in various ways. In moderately severe cases it may be sufficient to apply cold compresses or wet packs. In cases of hyperpyrexia we use cold baths or cold douches, not merely to abstract heat, but to rouse up the nervous system, and make it take hold of the production of heat. As Currie pointed out, the effect of the application depends not so much on the temperature of the water as on the suddenness and momentariness of the application. I prefer to treat these cases by playing water on them out of a hose pipe.

R. Douglas Powell, M.D., F.R.C.P.,

Physician Extraordinary to the Queen, and Physician to the Middlesex Hospital.

Dr. Douglas Powell expressed his appreciation of the great value and importance of Dr. Hale White's paper. For therapeutic purposes pyrexia had to be considered from the microbic side and from that of the nerve centres. Unquestionably microbes require for their cultivation a temperature decidedly below that which they occasioned by the toxin poisons which were the results of that cultivation. The pyretic temperature thus induced tended to inhibit the further productive activity of the microbe. This was an important consideration in the treatment of pyrexia. Many remedies of the thermolytic class — antipyrin, phenacetin, etc.—whilst valuable in reducing temperature if excessive, required careful handling, for if the temperature were reduced considerably below that normal to the disease, the danger of relapse of microbic activity was greatly increased. Remedies of the quinine and salicin class, on the other hand, were antipyretics by being germicides, and antitoxins. He would draw attention to the value of occasionally combining these two remedies. It could not be remembered too carefully in clinical medicine that a raised temperature was normal to certain diseases, and that a man having pneumonia with a reduced temperature was more ill than if he had a temperature proper to the disease. From the nerve centre side the effect of antipyretics of the thermolytic class was to weaken the resistance of those nerve centres which, as Dr. Hale White had so well illustrated, were immediately responsible for temperature, and might keep it up in the absence of any lesion.

Sir Thomas Grainger Stewart, M.D.,

Physician in Ordinary to the Queen in Scotland, Professor of the Practice of Physic and Clinical Medicine, University of Edinburgh.

Sir Grainger Stewart said that he occupied a conservative position in relation to the treatment of pyrexia, for he used baths only when the patient was in danger from high temperature. He was not prepared to adopt the method as a habitual practice, but rather trusted to cold sponging, iced cloths to the abdomen, and the continuous use of antipyretics. He fell back upon the cold bathing only when remedies of easier application failed. He raised the question whether climate might not exert an influence in relation to the treatment by baths or by other methods.

Dr. Osler, in reply to Sir Grainger Stewart, said that he did not think that climatic influences had much to do with it. Typhoid fever as he had seen it was the same in London, in Montreal, in Philadelphia, and in Baltimore. The cold bath practice had been carried out extensively in Germany, where the method of Brand had been chiefly followed; in Brisbane, Australia, where Dr. Hare's results had been so remarkable; while in Montreal, New York, Philadelphia, and Baltimore the patients appeared to stand it very well. Personally he had always maintained that it was in a majority of cases disagreeable to the patient, very unpleasant to witness, and very onerous to carry out in hospital or private work; but so long as this method saved three or four patients in every hundred treated he felt bound to adopt it.

Herbert Snow, M.D.,

Surgeon to the Cancer Hospital.

Dr. Snow wished to put in a brief remark on behalf of a very old fashioned antipyretic—calomel. This had been the sheet-anchor of a former generation in all cases of fever, inflammatory or otherwise; and the long duration of the practice indicated that it was not without its virtues. The theory of its action ascribed this partly to purification of the *primæ viæ*; partly also to a partial conversion into mercuric perchloride hostile to microbes. Dr. Snow had known five or six cases of influenza in which, after the administration of five grains of calomel, the temperature fell on the following morning to the normal, and the patient recovered without any relapse or sequelæ. He would be glad to learn if Dr. Hale White had used this drug; without some reference to which he thought the discussion would have been incomplete.

A. J. M. Bentley, M.D. Edin.,
Cairo.

Dr. Bentley considered that quinine acted more as an antidote to the plasmodium malariæ than as an antipyretic; its good effects, when given for "malaria," was most marked during the remission, when the temperature was lowest. It then acted as an antidote to the malarial microbe, but not as an antipyretic. In bilious remittents quinine, combined with sulphate of magnesia, was a most useful combination. Quinine alone was often not effective. A free action of the bowels was a most useful way of lowering the temperature.

NOT RECOVERABLE.

At the Cirencester County Court, on Thursday, (before His Honour Judge Ellicott and Mr. Registrar Ellett), George Heavens, butcher, farrier, &c., of Ashton Keynes v. Charles Ellison, of Church Farm, Ashton Keynes.—Claim 30s. Mr. R. Jackson, of Gloucester, appeared for the plaintiff, of Mr. W. L. Cooke, of Cirencester, defended.

Mr. Jackson said plaintiff was a butcher, and had carried on business for something like 50 years. In addition to that he was a farrier and castrator, and was widely known as a very skilled man. On the 5th Nov., 1889, the defendant was going along the highway with a mare of which he was the owner and two colts. The mare was very lame indeed, and the plaintiff, who was in company with three or four other men, spoke to the defendant, who asked him what was the matter with it. Defendant said the mare had a bad spavin, and that he was going to kill it, as neither Mr. Blunsom nor Mr. Willows, veterinary surgeons, could do anything with it. Plaintiff said he thought he could cure it, and asked defendant whether it was his mare or his father's. Defendant said it was his; his father had given it to him. Defendant said if plaintiff could cure it he would pay him whatever he charged. From that time until the following April 23rd the mare was continually under the care and treatment of the plantiff. Plaintiff saw the mare almost every other day, and dressed it, with the result that he got the spavin away. From that time the mare had been able to follow its work, could gallop, and was perfectly cured. It was remarked in the neighbourhood what a clever piece of business it was on the part of the plaintiff. From that time up till the present the plaintiff had been continually asking the defendant for payment of the 30s., which must have been an extremely moderate price to put upon his labour and skill, and he (Mr. Jackson) could not conceive of a meaner act than that of the defendant.

Mr. Cooke said if he told Mr. Jackson what his defence was it would shorten the case. Plaintiff called himself a butcher, farrier, and castrator, but did he belong to the College of Veterinary Surgeons?—Mr. Jackson said he did not.—Mr. Cooke said then the amount could not be recovered under the 44th and 45th Victoria, chap. 62, section 17, subsection 2.

His Honour said he would hear some evidence, and the plaintiff bore out his solicitor's statement. He said the mare was now the best defendant had. Besides the stuff he used for spavin, he also supplied the mare with hay. He produced the spavin he had taken from the mare, which he said weighed 2½lbs. When he asked defendant for the money at Cricklade market he laughed and sneered at him.

The Judge read the section to the effect that a person other than in the section mentioned shall not be entitled to recover in any court any fee or charge for performing any veterinary operation or for giving any veterinary attendance or advice, or for acting in any manner as a veterinary surgeon or a veterinary practitioner, or practising in any case veterinary surgery. So far as he had heard it described, that was a veterinary operation.—In reply to Mr. Jackson, His Honour said whilst corn cutting was included in shoeing, it could not be held that removing a spavin was.

Mr. Cooke intimated that defendant contended there was no cure effected. He produced a bill sent in by the plaintiff in which no mention was made of hay. He added that he had the carter and defendant's step-mother present.

His Honour thought there was no occasion to go into the case. He allowed the defendant costs only, remarking that he did not see the good of his two witnesses.—*The Wilts and Gloucestershire Standard.*

A REGISTERED PRACTITIONER SENT TO PRISON.

At the Woodbridge Petty Sessions on Wednesday, Edward Thomas Coe, veterinary surgeon, Aldeburgh, was charged with cruelty to a mare at Wickham Market on October 5th. At a previous hearing defendant obtained an adjournment so as to procure witnesses, he paying the costs of the day.

Mr. Colam, barrister, prosecuted on behalf of the R.S.P.C.A., Inspector Blake Jones, of the Ipswich district, being also present. Mr. W. Marshall appeared for defendant.

Mr. Colam said he was sorry to say it was a very bad case, the worse from the fact of defendant occupying the position of a veterinary surgeon. One would have expected him to have exhibited sympathy for and kindness to animals, instead of which he was found committing an act of cruelty of the very worst nature. In his (Mr. Colam's) ten years' practice on behalf of the society it had seldom been his duty to ask for a severe punishment, but in this case the punishment should be exemplary.

Mr. Samuel Wm. Leggett, M.R.C.V.S., Wickham Market, said about three o'clock on the day named at Farnham he saw defendant, accompanied by his wife, driving a dun coloured cob, which was painfully lame, being scarcely able to walk. He had once owned the horse, and it was then suffering from navicular disease of the near fore foot, and he sold it to be used, he believed, for breeding purposes. On this occasion defendant was striking it while driving along the road, and later on at Wickham Market he saw him again, so that it had been driven five miles in a lame state. It was taken to the Crown Hotel and thence to the Volunteer Inn yard, where it lay down from the intense suffering, and defendant urged it to rise by striking it and by violently moving the bit. After this defendant and others put it into the trap. He had told defendant at Farnham that the pony was in an unfit state to travel and he strongly objected to his driving it. He had seen the animal about a dozen times since; it was in a better condition, but still unable to walk any distance.—Cross-examined: It was slightly lame when he sold it, and there was no chance of it recovering.

Mr. Henry Dale, surveyor and mason, Wickham Market, spoke to seeing the animal backing into a house and to its lame and exhausted state. It would not move, was sweating, and was subjected to constant ill-usage with a stick by defendant, whom he told he should give in charge unless he desisted. Defendant responded with language both bad and threatening.

Arthur Knights, ostler at the Volunteer Inn, deposed to defendant putting up the pony and trap. The animal was very badly lame, and as soon as it reached the yard fell down. It was got up again and fell down three

times, but was eventually harnessed to the trap, defendant expressing his intentions of going home with it. He did not notice any marks on the back. He heard Wilson, p.c., tell him the animal was unfit to continue the journey.

Wilson, p.c., saw the animal lying in the yard suffering from lameness and from the beating it had received, marks being visible on the body. When he advised defendant not to go on with it he threatened to strike him with his whip if he touched him. The animal was dead lame in both fore legs. The following morning he found the broken pieces of a stick in the cart and a whip, also broken.

Mr. J. Worsley, M.R.C.V.S., veterinary surgeon, Ipswich, said he examined the pony on the 25th October. It was suffering from navicular disease and rupture of the tendons. To work an animal in such a condition was an act of cruelty. Although three weeks had elapsed in which the animal had rested it was quite unable to walk five yards. —Cross-examined: He should say that the animal had been in this condition for six months; it might be amenable to treatment by being placed on soft ground.

Mr. Marshall, for the defence, pointed out that during the time the mare was under Mr. Leggett's care it was lame; he had treated it, but eventually sold it to Mr. Fennell, who would prove that it took part in a trotting match while owned by him. Subsequently it was sold to Mr. Warmoll, of Knoddishall, and thence handed to Mr. Coe to cure it of its lameness. He eventually got it round so that he could take it a short distance, as on this occasion. There was no question about it being perfectly fit to take the journey, so far as appearances went, and he would call before them a witness who drove with defendant to bear this out. On arrival at Wickham Market the animal put its weak foot on a rolling stone which produced the lameness, and it was taken to the Volunteer yard. The animal also had a bad temper, which was corroborated, to a certain extent, by Mr. Dale, who said it was backing out of the road. As to the question of whipping, the prosecution was at fault in one way, in that the ostler at the Volunteer Inn saw no marks upon the back.

Sergt.-Major Fletcher, of the Royal Artillery, recruiting at Framlingham, said on the 5th October he was at Aldeburgh and was given a ride by Mr. Coe. So far as he could see there was nothing the matter with the horse; but he admitted, in cross-examination, that he could not say whether the animal, which was not lame, was the mare in question or any other horse of defendant's.

Harry Fennell, of the Chequers Inn, Wickham Market, could remember nothing about the mare taking part in the trotting match while in his possession. It was never lame, however.

Daniel Charles Ford, signalman at Ashe station, saw several people at the wheels of defendant's trap trying to induce the mare to move, and, not knowing it was lame, helped by using his stick upon it.

Mr. Warmoll, miller, of Knoddishall, related the circumstances under which the mare was given to defendant to cure.

The Bench retired for a short time, and the Chairman said, on their return, that they considered defendant was guilty of gross cruelty. It was one of the worst cases that had been before them, and they sentenced him to two months' hard labour.

Mr. Marshall appealed to the Bench that a fine might be substituted, but the Chairman said the case could not possibly be met in that way. A further plea of ill-health was urged, but the Chairman answered by pointing out that defendant could be examined by the prison doctor.—*The Suffolk Chronicle.*

THE GLANDERS OR FARCY ORDER OF 1894.

By the Board of Agriculture.

The Board of Agriculture, by virtue and in exercise of the powers in them vested under the Diseases of Animals Acts, 1894, and of every other power enabling them in this behalf, do order, and it is hereby ordered, as follows:—

Glanders or Farcy.

1. For the purposes of this Order disease means glanders, and includes that form of glanders which is commonly known as farcy, and diseased or suspected means affected with or suspected of being affected with glanders.

[Compulsory notification of all cases is next provided for, and then powers are given to local authorities as follows:—

Public Warning as to Existence of Disease.

The Local Authority may if they think fit give public warning by placards, advertisement, or otherwise, of the existence of disease in any stable, building, field, or other place.

Any Local Authority may make such Regulations as they think fit for the following purposes, or any of them:—

(a.) For prohibiting or regulating the movement into, in, or out of any stable, building, field, or other place of any diseased or suspected horse, ass, or mule, or for marketing any such horse, ass or mule:

(b.) for prohibiting or regulating the movement into or out of any stable, building, field, or other place in which glanders or farcy exists, of any horse, ass, or mule which has been in the same stable, building, field, or other place, or otherwise in contact with any diseased or suspected horse, ass, or mule, or which has been otherwise exposed to the infection of glanders or farcy: and

(*c.*) for regulating the taking out of any stable, building, field, or other place of any fodder, litter, or other thing that has been in contact with or used for or about any diseased or suspected horse, ass, or mule.

Regulations of Local Authority as to Cleansing and Disinfection.

Any Local Authority may make such Regulations as they think fit for the following purposes, or any of them:—

(*a.*) for providing for the cleansing and disinfection of places used by, and of utensils, mangers, feeding troughs, pens, hurdles, or other things used for or about, any diseased or suspected horse, ass or mule:

(*b.*) for providing for the cleansing and disinfection of vans or carts or other vehicles used for carrying any diseased or suspected horse, ass, or mule on land otherwise than on a railway.

(c.) for prescribing the mode in which such cleansing and such disinfection are to be effected: and

(*d.*) for providing that such places, utensils, mangers, feeding-troughs, pens, hurdles, or other things, vans, carts, or other vehicles should be cleansed and disinfected at the expense of the Local Authority, or of the owner, lessee, or occupier thereof.

[The order next forbids the exposure of any diseased horse in a public place, and provides for the isolation of suspected animals. The following is the important clause:

Slaughter with Compensation.

A Local Authority may if they think fit cause to be slaughtered any diseased horse, ass, or mule: provided that if the owner of the horse, ass, or mule gives notice in writing to the Local Authority, or their Inspector or

other officer, that he objects to the horse, ass, or mule being slaughtered, it shall not be lawful for the Local Authority to use that horse, ass, or mule to be slaughtered except with the further special authority of the Board of Agriculture first obtained.

(2.) A Local Authority may if they think fit cause to be slaughtered any suspected horse, ass, or mule, having previously obtained the consent of the owner thereof.

(3) The Local Authority shall out of the local rate pay compensation as follows for any horse, ass, or mule slaughtered under this artscle—

(*a.*) Where the horse, ass, or mule was diseased, the compensation shall be such sum as the Local Authority thinks expedient, being a minimum in the case of a horse of two pounds, and in the case of an ass or mule of ten shillings: Provided that in no case shall the amount of compensation, if above the said minimum, exceed one-fourth of the value of the animal immediately before it became diseased.

(*b.*) In every other case the compensation shall be the value of the horse, ass, or mule immediately before it was slaughtered.

The rest of the Order is similar to that of 1892.

DISEASE IN CATTLE IN WEST AUSTRALIA.

The Government Veterinary Surgeon, Mr. H. H. Edwards, has forwarded to the Under-Secretary the folfoling report, dated Bunbury, August 29th, on an outbreak of disease in cattle at Glentromie, Victoria Plains:—I have the honour to report, that on Friday 10th of the present month, according to your instructions, I proceeded to Glentromie to investigate the cause of the mortality amongst the dairy cattle of that station. Upon reaching there, I learnt that some eleven or twelve cows had died within the previous three weeks, and that three others were suffering from the disease. The carcases of two animals, which had died four days previously, had been kept, so I was able to make a post-mortem examination and demonstrate the cause of death to the owner. Although the disease had never been known in Glentromie before, it had existed at the Mission station at New Norcia, for some time, and has been a source of great loss to that institution. It is when the cattle are grazed on the rich river flat that the disease presents itself, and this river flat extends through Glentromie. The same disease exists in the southern portion of the colony, and in one year alone carried away 60 head of cattle from one herd. It is a mild form of anthrax, capable of being transmitted by inoculation from one animal to another, amenable to treatment, and certain measures are successful as preventives. The three cows affected were placed in a yard and treated with hypodermic injections of carbolic acid (dilute). When I left for Perth they were all progressing favourably, and as I have heard nothing to the contrary since my return, I presume that the preventive measures prescribed have proved successful in arresting the progress of the disease. As soon as I have finished my report on "Zamia Poisoning" I shall submit to you a full report on this disease and the experiments which I have already made in connection with it.—*Western Mail.*

MISCHIEVOUS ADVERTISING.

Last month, in the City of London Court, before Mr. Commissioner Kerr, the Local Time-table Company (Limited), of 11 Queen Victoria Street, sought to have Mr. J. Tucker, herbalist, of 6 Goodrich Road, East Dulwich, committed for non-compliance with an order of the Court to pay the sum of £6 18s. 6d. due for advertisements inserted in local time-tables circulating in his neighbourhood. The plaintiffs' representative, Mr. Cuthbert Russell, said that the defendant was a manufacturer of patent medicines, which he advertised extensively.

Mr. Commissioner Kerr: That is the only way they get rid of that stuff. (Laughter). Everybody advertises them nowadays.

Mr. Russell: But they ought to pay for their advertising, your Honour.

Mr. Commissioner Kerr: I do not know that. I would make the people who insert mischievous advertisements of that kind pay for them. I could mention a pill which is advertised a great deal. I would make the persons who insert those advertisements pay for them by way of of compensation to the public.

Mr. Russell said the defendant advertised some lotion.

Mr. Commissioner Kerr: It never fails, I suppose? They are all alike in that way. (Laughter).

Mr. Russell said the defendant paid for nothing.

Mr. Commissioner Kerr said it was no use telling him that the defendant advertised largely if he never paid the people. That was not evidence of means.

Mr. Russell: Not until he is compelled to.

Mr. Commissioner Kerr said if he were to make orders for committal simply because men would not pay without, that would be reinstituting imprisonment for debt, which had been abolished. He could make no order against the defendant, as there was no evidence of his means to pay. Addressing the plaintiff he added: Don't insert these advertisements without the cash. You ought to have sufficient good sense to put an end to quackery as far as you can.

ARMY VETERINARY DEPARTMENT.

India.

Vet.-Capt. W. Gladstone, having completed a tour of service in India, has been ordered home. Vet.-Lieut. A. C. Newson has been selected to assist the Agent for Army Remounts, Ahmednugger, in the purchase of remounts at Bombay, with effect from Nov. 1. Vet.-Lieut. J. Farmer has been directed to proceed from Kamptee to Mhow to take over the officiating charge of the Chief Veterinary Hospital at that station, in relief of Vet.-Major W. H. Kemp, on the sick list.—*Army and Navy Gazette.*

Veterinary-Lieutenants F. B. Drage and R. J. D. Tibaldi proceed home during the ensuing trooping season on completing their tour of service in India; and Veterinary-Captain W. A. Crow and Vet.-Lieut. J. H. Jackson revert to the Imperial establishment on expiration of their present leave. After much discussion it has been decided that veterinary officers will be appointed to Volunteer corps on the recommendation of the commanding officer submitted through the prescribed channel. They will have the substantive ranks of veterinary-major, veterinary-captain, and veterinary-lieutenant. First appointments, except in the cases of officers of the Army Veterinary Department or Indian Veterinary Department, will be made in the rank of veterinary-lieutenant. Officers of the Army Veterinary Department or Indian Veterinary Department appointed will, however, retain their Army rank, and will be promoted in the Volunteer force when promoted in the Army. Veterinary officers of Volunteers, other than those belonging to the Army. will be promoted after the following periods of service as Volunteer veterinary officers, if recommended by commanding officers:—(1) Vet.-Lieutenant after 15 years' service to the rank of vet.-captain. (2) Vet.-captain after 20 years' service to the rank of vet.-major. All replies of the provincial governments on the question of the organisation of the Subordinate Civil Veterinary Department will be received during the session, when a despatch from the Govern-

ment of India will be at once submitted to the Secretary of State, suggesting that the India Office may sanction the scheme in accordance with the views of the local governments.

A Coming Change.

The Veterinary Journal, so long held by Dr. George Fleming, will be taken up by Principal Williams.

OBITUARY.

McLaren Kitching, Cupar
Graduated, London, February, 1832.
Eric K. Burton, Edinburgh,
Graduated, New, Edinburgh, May, 1893.
Michael FitzGibbon, Rathkeale, Ireland,
Graduated, Edinburgh, December, 1892.
Charles Martin, Chesterfield,
Graduated, New, Edinburgh, April, 1881.

CORRESPONDENCE.

STUDENTS AT VETERINARY COLLEGES

Sir,

The letter of my friend Mr. W. Penhale which appeared addressed to myself, in your last week's issue, I suppose calls for a reply from me in the same medium, though I confess I would prefer to discuss its matter, as I have done before, across his hospitable board.

I must first thank him for his personal compliments and then for his absolving the Council from bad intentions. Then to the burden of the letter, which appears to me to be that from "want of knowledge of the class of men who are willing to pass their working time in stables, or cowsheds, or from complete ignorance of the wants of the country, the Council have greatly overstepped the mark" in their demands for education, scholastic and professional—really that from want of knowledge, not from vice, the Council have made a great mistake. It would ill become me to state positively that no such mistake has been made, even though I hold the contrary view, but I think an appeal to the constitution of the Council will show that it is composed of the elements which, guided by ordinary intelligence and honest purpose, should be in a position to form an opinion as reliable as that of any individual. Teachers cannot fail to have some knowledge of the disposition of students. Provincial veterinary surgeons gaining their livelihood by the exercise of their profession among all classes of animals in fair proportion, surely must know something of the requirements of the country. Personally, I cannot conceive how education, such as ensured by a second class, second division College of Preceptors certificate and an additional year at professional study, can render a man less competent or less fit to carry on the business of a veterinary surgeon than the old farrier who could barely write his name, or give no more reason for what he did than that outcoming from the "rule of thumb." That an only ignorant man can be a practical man I think my friend would not be disposed to admit. He knows several educated and well-informed men who are essentially practical. This is a moving age, and a rapidly advancing one as far as education is concerned, and not a few of our board school boys, with a little coaching, can pass a second class, second division College of Preceptors examination. What is there in the science or art of veterinary medicine and surgery which should cause its practitioners to stand still while everything else advances? We surely shall not lessen the grievances of an industry which is prophesied by the faint hearted "never to rise again." Notwithstanding the "never to again grow in value" our cattle, sheep, and swine population is numerically more than a million head in excess of that of ten years since.

But by the most pure accident I have before me at this moment an article from *The Record* of May 2, 1891, which gives some cogent reasons for the necessity of the veterinary surgeon keeping abreast of the times, which have, I think, not ceased to advance since that date. It is written by one who has spent most of his life in a pleasant, provincial town and enjoyed a snug practice amongst agriculturists and others there. It is, as a whole, very significant and worthy of repetition but I must be satisfied by quoting its finishing sentences. "In these days, when South Kensington is teaching science in almost every cottage; when the County Councils are spending enormous sums in spreading technical education; and courses of university extension lectures are regularly given, appreciated and well attended throughout the country; when geology, chemistry, optics, physiology and nearly all the sciences are the constant thought and conversation of our artisans, surely it is no time for the provincial veterinary surgeons, at any rate, to remain merely and only in a valley of dry bones.

In large towns perhaps, it is not so necessary that the practitioners should be so well informed, *but in the country, where we are in constant touch and conversation with our clients, I can assure you, Mr. Editor*, it is no use to lag behind from lack of information on such everyday subjects as bacteriology and botany." This I read at the time of its publication, as doubtless did many of my colleagues on the Council; and, if not before, afterwards we could scarce fail to be imbued with a desire to give effect to the views expressed therein. I am fain to think we have not overstepped this mark.

But to return to the letter. I am bound to be largely personal, but as the personalities I must indulge in, are of an agreeable character I will not hesitate. First I know many provincial veterinary surgeons who not only hope for, but realise respectable living and positions, independent of public houses or forges, and if asked to give examples I should select Mr. William Penhale for one. Of the public regard for members of our profession who have carved their own position I know of no more satisfactory example. Though a comparatively young man and not deeply imbued in politics, my friend has been called to the office of Chief Magistrate of one of our most ancient and high class boroughs, in which he has practiced for 15 or 16 years—an office which doctors and lawyers and others independent of work have deemed it honorable to hold. But beyond this I have had ample evidence of the general respect for his personality. As his guest I have gone within a couple of hours from the examination of a poor woman's pig for swine fever—from the pigs' stye—to dine at the house of a doctor of high position and in the parish. I would assure my friend that his is not an isolated case, but if it were it would at once prove that, *per se*, the work and education of a veterinary surgeon does not debar him from the respect of his fellows—from enjoying the advantages becoming to "a good name." His work is not really derogatory, and surely education will not render a proper recognition more difficult or distant.

As to the relative security financially of holding a diploma of the Royal College of Surgeons or of the Royal College of Veterinary Surgeons, my experience is not quite the same as that of my friend. I am very glad to learn from him that "every veterinary surgeon of his acquaintance is over-burdened with work." As to the surgeons it has been my lot to be guardian of more than one young member of the Royal College of Surgeons, and I am bound to say that one of the greatest difficulties I have ever encountered has been the finding of a suitable place for practice with view of a moderate livelihood, and that with sums of four figures at my disposal.

High pressure and over pressure is the rule, in the church, the law, medicine human and veterinary, drapery, grocery, clerical work and elsewhere, but it is inconceivable to see how the veterinary surgeon exclusively can be better for less education. Education does not necessarily drive out common sense, and certainly my experience is that good breeding, good scholastic education, and a sound knowledge of principles do not render a man less disposed to soil his fingers, less dexterous with his hands, or less observant with his faculties. To be educated is surely not to assume a false position, and the adoption of the standard of matriculation of the general medical education was merely a matter of convenience and cannot be regarded as evidence of apeing the medical profession. If there is a class distinction arrogated by the medical man and it were desirable to obtain any such position, education must be the only leveller. My friend holds some very conservative views for others surely. If he had informed me that he had some ribs broken by the kick of a bovine patient and that every respiration made him think ill of that bit of country practice it might suggest a reason for his present state of mind, though the enviable position he occupies and the effect of his personal character would not lend much support to his argument.

Apologising for the length of this letter and its style, called forth by the manner of the communication to which it is a reply, I am, Sir, your obedient servant,

Nov. 21st, 1894. JNO. PENBERTHY.

COMMUNICATIONS, BOOKS, AND PAPERS RECEIVED:—Prof. Penberthy, Messrs. W. Burt, W. Perryman, J. R. Welsby, W. Scott, J. E. Miller. *American Veterinary Review.*

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